



COUNCIL FOR MEDICAL SCHEMES

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**To:
All medical schemes, administrators, health
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interested parties**

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CIRCULAR 40 OF 2004

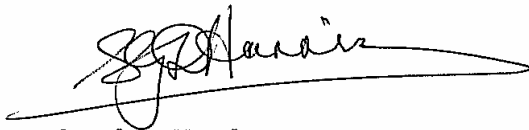
DRAFT NATIONAL HEALTH REFERENCE PRICE LIST 2005: BIOKINETICS

1. Attached is the draft 2005 National Health Reference Price List (NHRPL) schedule for biokineticists. Comments on this schedule are requested by no later than **4 October 2004**. The major changes in the schedule from the NHRPL 2004, as well as some of the principal reasoning behind the changes, are described below.
2. Note: in the "status" column of the schedule:
 - a. "C" denotes "current," meaning there has been no change to item description or unit value;
 - b. "U" denotes "updated";
 - c. "A" denotes "added."
3. In Circular 15 of 2004, we invited comment on restructuring of the NHRPL in respect of certain disciplines, by means of grouping individual codes into composite fees. The advantages of this structure included:
 - 3.1. reduced billing complexity;
 - 3.2. reduced administrative burden in claims review;
 - 3.3. the ability to introduce new techniques without going through a complex new code approval procedure – and accordingly greater flexibility in clinical practice and billing processes;
 - 3.4. greater ease in assisting patients to plan their benefit usage to allow for effective and flexible treatment plans;

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- 3.5. less difficulty in interpretation of the NHRPL; and
- 3.6. reduced scope for rejection of accounts on technicalities.
4. This structure was considered to be appropriate in the 2005 NHRPL in disciplines which accounted for relatively low proportions of medical scheme expenditure, which are typically subject to financial benefit limits and where there is little deviation in the service delivery profiles of individual practices from the profile of the discipline as a whole. Biokineticists met these criteria, and we have applied this model in the draft 2005 NHRPL. Experience of applying this schedule will be reviewed in the course of 2005.
5. There may be added potential for abuse of the reimbursement system, but we are of the opinion that financial risk to schemes within these disciplines is limited through traditional benefit limits, and should be further mitigated by practice profiling to determine outliers who can be investigated and called upon to provide more detailed justification of billing practice.
6. When adjusted for utilization using a combined database of Medscheme, Discovery and MxHealth data, we project the overall impact on expenditure on biokineticists of these changes to be a **5.2%** increase on 2004 expenditure on biokinetics based on the 2004 NHRPL (assuming a 3.85% usage of multiple codes; higher utilization of multiple codes would decrease projected financial impact due to decay factor built into multiple procedures).
7. Please also take note of various additional rule changes, which are self-explanatory.

Sincerely

A handwritten signature in black ink, appearing to read 'Stephen Harrison', with a long horizontal flourish extending to the right.

Stephen Harrison
SENIOR SPECIALIST: POLICY AND SPECIAL PROJECTS

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NATIONAL REFERENCE PRICE LIST IN RESPECT OF BIOKINETICS WITH EFFECT FROM 1 JANUARY 2005

The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.

In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed.

VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.

GENERAL RULES

002	The consultation code may be charged only once at the same consultation or visit. Consultation includes history taking, guidance, education, health promotion and/or consultation			U
003	A maximum of two diagnostic procedures may be charged at the same consultation or visit. Diagnostic procedures include the full range of diagnostic and evaluation procedures within the scope of practice of the biokineticist, including for example: anthropometric / body composition assessments, ergological testing evaluations and perceptual motor evaluation.			U
004	A maximum of three treatment procedures may be charged at the same consultation or visit for any single diagnosis. This limitation shall be inclusive of a maximum of one group treatment procedure (code 12), where applicable. Treatment procedures include the full range of rehabilitative or preventive treatment or care procedures within the scope of practice of the biokineticist, including for example: hydrotherapy, callisthenics exercises and programme prescription for individuals with CHD.			U
005	After a series of 12 treatments in respect of one patient for the same condition, the practitioner concerned shall report to the scheme as soon as possible if further treatment is necessary. Further continuance of treatment should only be considered if recommended by the medical practitioner(s) and others involved in the rehabilitation of the patient.			U
010	Every biokineticist must acquaint himself with the provisions of the Medical Schemes Act, 1998, and the regulations promulgated under the Act in connection with the rendering of accounts. Every account shall contain the following particulars : · The name and practice code number of the referring practitioner . · The name of the member. · The name of the patient. · The name of the medical scheme. · The membership number of the member. · The date on which the service was rendered. · The relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered			U
011	It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account.			C
ITEMS				
1.	Consultations / Patient Education / Counseling			
Code	Description	RVU	Price	Status
200	Consultation, patient education or counselling	2.50	55.00 (48.20)	A



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300	Group education session, per patient	1.25	27.50 (24.10)	A
107	Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By arrangement with the scheme" or "Patient own account" category).	0.00	- (-)	C
2.	Evaluation / Diagnostic Procedures			
211	Single diagnostic procedure	3.00	66.00 (57.90)	A
212	Two diagnostic procedures	4.50	99.00 (86.80)	A
3.	Therapeutic Procedures (Physical Rehabilitation)			
	Maximum of 3 modalities, per diagnosis, may be charged per visit			
221	Single treatment procedure	2.50	55.00 (48.20)	A
222	Two treatment procedures	3.75	82.50 (72.40)	A
223	Three treatment procedures	5.00	110.00 (96.50)	A
224	Four treatment procedures	6.25	137.50 (120.60)	A
225	Five treatment procedures	7.50	165.00 (144.70)	A
226	Six and more treatment procedures	8.75	192.50 (168.90)	A
320	Group treatment session, per patient	1.25	27.50 (24.10)	A

